

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docushare
document

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER* XXXX		DEPARTMENT Labor & Workforce Development Ag			
POSITION XXXXXX			BARGAINING UNIT		DIVISION OR BUREAU Office of the Secretary			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25	
RESIDENCE ADDRESS* XXXXXX				HEADQUARTERS ADDRESS 801 K Street, Suite 2101			TELEPHONE NUMBER 916-327-9064		
CITY XXXXXX		STATE CA		ZIP CODE XXXX		CITY Sacramento		STATE CA	
								ZIP CODE 95814	

(1) MONTH/YEAR 03-2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time			BREAKFAST	LUNCH	O.T., LT, RELO. or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
15	0920 1700	Sac-SF-Sac						27.00	R				27.000
(10) SUBTOTALS								27.00					\$27.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													\$27.00

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
3/15 meetings with enforcement staff							(13) PRIVATE VEHICLE LICENSE XXXXXX
							(14) MILEAGE RATE CLAIMED \$0.500
							AGENCY ACCOUNTING OFFICE USE ONLY
							PAYD BY REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.							

CLAIMANT XXXXXX	DATE 4/30/10	(16) SIGNATURE APPROVING TRAVEL AND PAYMENT XXXXXX	DATE 4-30-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE